



CHANGE OF BENEFIT USE YEAR

- The Account Owner should complete this form to request a change to the Student Beneficiary's benefit use year for the existing account.
- Complete all sections of this form and include signature or processing will be delayed.

Change of Benefit Use Year Information

GET Account Number _____

Current Benefit Use Year _____

New Benefit Use Year _____

Reason for Change Request _____

Note: * Custom Monthly plans must be paid in full and Lump Sum units must be held in the account for two years prior to usage.

Current Account Information	Account Owner	Student Beneficiary
Name (First, Middle, Last, Suffix)	_____	_____
SSN or TIN	_____	_____
Birth Date	_____	_____
Street Address/Apartment Number	_____	_____
Post Office Box Number	_____	_____
City / State / Zip Code	_____	_____
Email Address	_____	_____
Telephone Number (s)	Home _____ Work _____	Home _____ Work _____

Signature - REQUIRED

Only the Account Owner may authorize changes to the existing account.

I certify under penalty of perjury that I am the legal Account Owner and I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.

Account Owner's Signature

Date

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200
Questions: GETInfo@hecb.wa.gov or 1-800-955-2318